

SUPPLEMENTAL DECLARATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SURGICAL BARRIER DEVICE INCORPORATING AN INFLATABLE THERMAL BLANKET WITH A SURGICAL DRAPE TO PROVIDE THERMAL CONTROL AND SURGICAL ACCESS

the specification of which

_____ is attached hereto.

X was filed on 5 April 1999 as U.S. Application Serial No. 09/286,714 and was amended on _____ if applicable (the "Application").

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability of the subject matter of the Application as defined in Title 37, Code of Federal Regulations ("C.F.R."), § 1.56.

I hereby claim foreign priority benefits under Title 35 United States Code § 119 (a)-(d) or § 365(b) of any foreign applications for patent or inventors certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America listed below and have been identified below by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO

With respect to the Application, I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)

With respect to the Application, I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability of the subject matter of the Application as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of the Application:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/867,092		06/02/97	5,941,907

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number	25548
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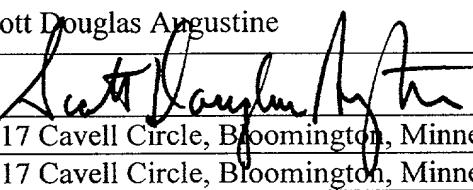
Place Customer Number
Bar Code Label Here

Please direct all correspondence to:

**Terrance A. Meador
Gray Cary Ware & Freidenrich
401 B Street, Suite 1700
San Diego, CA 92101-4297**

Phone: 619/699-2652 - Fax: 619/699-3452

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole Or First Inventor (First, Middle, Family Name or Surname)	Scott Douglas Augustine	
Inventor Signature		Date: 9/5/00
Residence Address	9017 Cavell Circle, Bloomington, Minnesota 55438	
Post Office Address	9017 Cavell Circle, Bloomington, Minnesota 55438	
Citizenship	USA	

Full Name of Second Inventor (First, Middle, Family Name or Surname)		
Inventor Signature		Date:
Residence Address		
Post Office Address		
Citizenship		

DECLARATION FOR PATENT APPLICATION

Docket Number: 1342-195

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **SURGICAL BARRIER DEVICE INCORPORATING AN INFLATABLE THERMAL BLANKET WITH A SURGICAL DRAPE TO PROVIDE THERMAL CONTROL AND SURGICAL ACCESS**, the specification of which is attached hereto unless the following is checked:

was filed on _____ as United States Application Number or PCT International Application Number
 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

			Priority Claimed
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

08/831,603 <input type="checkbox"/> (Application Number)	APRIL 10, 1997 <input type="checkbox"/> (Filing Date)	PENDING <input type="checkbox"/> (Status - patented, pending, abandoned)
<input type="checkbox"/> (Application Number)	<input type="checkbox"/> (Filing Date)	<input type="checkbox"/> (Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith: Terrance A. Meador, Reg. #30,298; Lawrence A. Maxham, Reg. #24,483; Michael H. Jester, Reg. #28,022; Walter W. Duft, Reg. #31,948; David A. Hall, Reg. #32,233; Dan L. Hubert, Reg. #33,906; Bruce W. Greenhaus, Reg. #37,339; Kent D. Baker, Reg. #38,822; and Ervin F. Johnston, Reg. #20,190. Address all telephone calls to Terrance A. Meador at Telephone No. (619) 233-9004 and address all correspondence to Terrance A. Meador, BAKER, MAXHAM, JESTER & MEADOR, 750 "B" Street, Suite 3100, San Diego, California 92101.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Scott D. Augustine

Inventor's signature X Scott D. Augustine Date 5/30/97

Residence 9017 Cavell Circle, Bloomington, Minnesota 55438

Citizenship USA

Post Office Address 9017 Cavell Circle, Bloomington, Minnesota 55438

Full name of second joint inventor, if any (given name, family name) _____

Inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b)) -- INDEPENDENT INVENTOR

Docket Number: 1342-195

Applicant or Patentee: S.D. AUGUSTINE

Serial or Patent Number: UNKNOWN

Filed or Issued: HEREWITH

Title: SURGICAL BARRIER DEVICE INCORPORATING AN INFLATABLE THERMAL BLANKET
WITH A SURGICAL DRAPE TO PROVIDE THERMAL CONTROL AND SURGICAL ACCESS

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- the specification filed herewith with title as listed above.
 the application identified above.
 the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- No such person, concern or organization exists.
 Each such person, concern or organization is listed below:

FULL NAME: _____

ADDRESS: INDIVIDUAL SMALL BUS. CONCERN NONPROFIT ORGANIZATION

FULL NAME: _____

ADDRESS: INDIVIDUAL SMALL BUS. CONCERN NONPROFIT ORGANIZATION

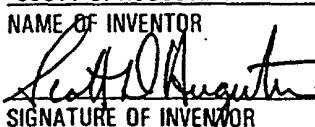
Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

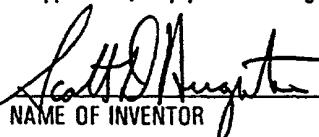
SCOTT D. AUGUSTINE

NAME OF INVENTOR


SIGNATURE OF INVENTOR

5/30/97

DATE


NAME OF INVENTOR

SIGNATURE OF INVENTOR

DATE

NAME OF INVENTOR

SIGNATURE OF INVENTOR

DATE